

B/S

Assistant Commissioner for Patents
Washington, D.C. 20231

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

HEIDI SEASE NEBEL
ZARLEY MCKEE THOMTE VOORHEES & SEASE
801 GRAND
SUITE 3200
DES MOINES IA 50309-2721

JANE WAGNER

(Depositor's name)

Jane Wagner

(Signature)

6-29-84

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/060,586	04/15/98	004	DAVIS, M 1642	04/01/99
First Named Applicant	CAVALIERLI,	35 USC 154(b) term ext. =	0 Days.	

TITLE OF INVENTION: SYNTHESIS OF ESTROGEN-PURINE BASE AND ESTROGEN-MERCAPTURATE ADDUCTS AND DEVELOPMENT OF FLOUTESCENT PROBES AND MONOCLONAL ANTIBODIES TO ASSAY THOSE ADDUCTS.

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 PO1804US1	435-007.100	R33	UTILITY	YES	\$605.00	07/01/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys' or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

ZARLEY, MCKEE, THOMTE, VOORHEES & SE
801 Grand Ave., Suite 3200
DES MOINES, IOWA 50309-2721

3 _____

- 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

- 4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

- ☒ Issue Fee
☐ Advance Order - # of Copies _____

- 4b: The following fees or deficiency in these fees should be charged to:**

DEPOSIT ACCOUNT NUMBER 26-0084
(ENCLOSE AN EXTRA COPY OF THIS FORM)

- ☐ Issue Fee
- ☐ Advance Order - # of Copies _____

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

RECEIVED

JUL 06 1999

Publishing Division
11

01 FT:242	00000148	09060586	605.00	00
-----------	----------	----------	--------	----

01 FT:242

TRANSMIT THIS FORM WITH FEE